

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90058 024 \*\*\*150.00

**DOCUMENT # P95000034236**

**1. Entity Name**  
**COMMERZ INVESTMENTS CORPORATION**

**Principal Place of Business**  
**5214 SUNSET COURT**  
**CAPE CORAL FL 33904-865**  
**US**

**Mailing Address**  
**1317 SE 46TH LN**  
**SUITE 207**  
**CAPE CORAL FL 33904-8624**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0578983**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~SHULTZ-RUSSEL~~  
**140 EL DORADO PARKWAY SW**  
**CAPE CORAL FL 33914**

Name **Lydia Thiersmann**

Street Address (P.O. Box Number is Not Acceptable)

**1317 SE 46th Lane #207**

City **Cape Coral, FL** Zip Code **33904-8624**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE *Lydia Thiersmann* **Lydia Thiersmann** **03/01/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
 NAME **PESCH, HELMA**  
 STREET ADDRESS **5214 SUNSET CT**  
 CITY-ST-ZIP **CAPE CORAL FL 65**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **THIERSMANN, LYDIA**  
 STREET ADDRESS **1317 SE 46TH LN, SUITE 207**  
 CITY-ST-ZIP **CAPE CORAL FL 24**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: *Lydia Thiersmann* **Lydia Thiersmann** **3/1/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)